

POPULATION TODAY

Vol. 20, No. 1 January 1992

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PRB

A publication of the Population Reference Bureau, Inc.

FROM THE EDITOR'S DESK

Do demographer's have anything to add? One can hardly turn on the television or radio these days without hearing some well-known economist being interviewed on the state of the U.S. economy and its impact on the American people. But what about demographers? Do demographers have anything to contribute to these discussions?

"Definitely," says PRB President Tom Merrick, a demographer whose formal degrees are in economics. "Economists," he points out, "analyze events from a short-term perspective, generally too short for demographic change to occur. As a result, they don't look at the impact of demographic change. So they tend to miss it."

One of the developments often missed is the effect of recent changes in household structure, which make some people more vulnerable than others to hard

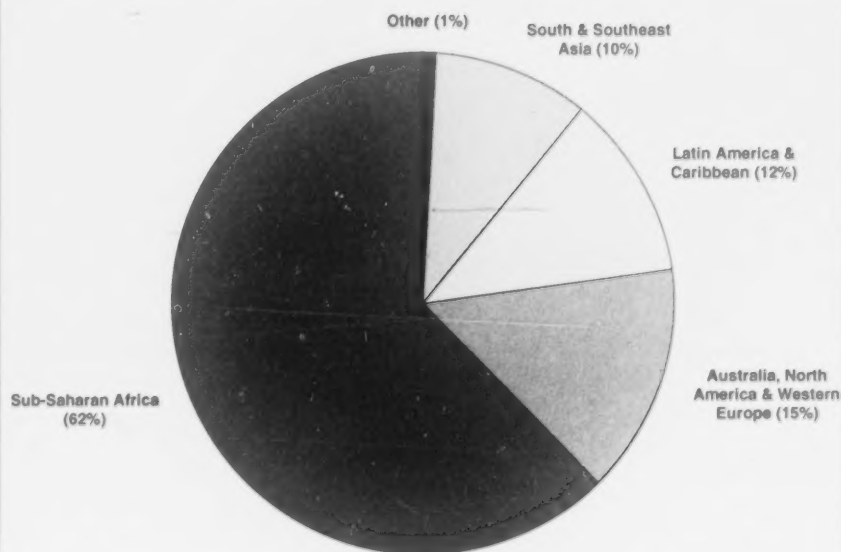
times. The proportion of nonfamily households is growing. The share of people living in a married-couple household—with its built-in capacity for a two-wage income—is diminishing. Having two wage earners not only brings in more income, but also can provide a slight hedge if one of the partners suddenly becomes unemployed.

Demographers often adopt a life-course perspective, as Martha Farnsworth Riche, PRB's director of policy, likes to point out. About half of the households in the lowest one-fifth of the income distribution are headed by people either too young, or too old, to be in their prime working years. Often life events—such as getting married, starting a family, getting divorced, becoming a widow—can dramatically alter one's income and vulnerability to hard times, or fortify one against them.

—Susan Kalish

SPEAKING GRAPHICALLY

HIV Infections by Region



This chart shows the approximate percentage distribution by region of HIV-infected adults who will develop and die of AIDS. Their numbers are estimated at 9 to 11 million as of late 1991.

POPULATION TODAY

VOL. 20, NO. 1

January 1992

POPULATION TODAY, the newsmagazine of population and demography, is published 11 times a year (a combined issue in July/August) by the Population Reference Bureau, Inc., founded in 1929, a nonprofit organization engaged in the dissemination of objective population information. The views and opinions of **POPULATION TODAY's** contributors are their own and do not necessarily reflect those of PRB.

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Back Issues: Back issues of **POPULATION TODAY** and its predecessor **INTERCOM** are available in limited quantities from PRB for \$2.00 per copy.

Mailing: Printed in Washington, D.C. Mailed non-profit postage rate in the United States; printed matter surface rate to Canada, Mexico, and to other foreign subscribers.

Address Changes: Send current PRB address label and new address; please allow eight weeks for change.

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ISSN 0749-2448

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In addition to **POPULATION TODAY**, PRB members receive annually four in-depth **POPULATION BULLETINS**, and two wallcharts (the **WORLD** and **UNITED STATES POPULATION DATA SHEETS**).

	U.S.	Outside the U.S.
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Recycled Paper

New Era Raises Questions for European Demography

CONGRÈS EUROPÉEN DE DÉMOGRAPHIE



PARIS - 21/25 OCTOBRE 1991

What a difference four years makes! When the last European Population Conference was held in June 1987, the Berlin Wall was still standing, East Germany was a separate country, a draconian form of pronatalism existed in Romania, and the Baltic republics were still part of the USSR.

The 1991 European Population Conference convened on October 21st in the Salle Bleu of the Palais de Congrès on the western edge of Paris. The conference, held every four years, was sponsored by the prestigious French Institut National d'Etudes Démographiques (INED), the International Union for the Scientific Study of Population (IUSSP), and the European Association for Population Studies.

Over 600 demographers were in attendance, their numbers swelled by an unprecedented number of attendees from former "Iron Curtain" countries. Name tags gave ample evidence of the new (and, perhaps, future) Europe: Latvia, Estonia, Lithuania, Ukraine. Many were armed with previously unseen data, enjoying an apparent new freedom in the choice of study topics.

Gérard Calot, INED's director, sounded the keynote with hopes that the conference would prove to be an "opportunity for giving," enhanced by the recent removal of political barriers. The keynote speech set another theme: the conference should also consider European responsibility within the world community.

It was evident that no longer are Europe's demographic concerns solely

centered on aging societies, low fertility, the problem of guest workers who become permanent residents, and immigration pressures from developing countries. The more recent, and unexpected, issues are those raised by the political changes in Eastern Europe. No longer ideologically bound, closed societies "over there," these countries are coming into their own as players on a greatly expanded European stage.

Yet, the new players are not equal, certainly not economically. To what extent will new freedoms prompt citizens to leave, producing new immigration pressures on the West? Would-be immigrants from Eastern Europe will join those from the "South," particularly former African colonies and, perhaps, compete for immigration rights.

Dirk van de Kaa of the Netherlands, spoke of European demography at the "end of history." This apt phrase recognized that Europe has come to a singular juncture in its demographic and political history—low birth rates signal the end of the demographic transition and the fall of the Berlin wall symbolizes an end to postwar barriers. Van de Kaa felt that, while Europe had become a continent of immigration, the size of expected flows could be exaggerated, and doubted that Europe would be "flooded" with immigrants. Still, changes are to be expected. More economic cooperation with countries of the East is likely, he said, rather than with the Third World.

Massimo Livi Bacci of Italy said that the old Western Europe, which has

And the World's 3rd Biggest Country is....

It looks as if the United States could become the world's third biggest (that is, most populous) country.

The United States, with 253 million people in 1991, has long stood as the world's fourth biggest country, behind the USSR (292 million). Leading both by far are India (with 859 million) and the demographic billionaire, China.

With the breakup of the Soviet Union, country rankings are in flux. Reconstituted as the Commonwealth of Independent States (minus the Baltics), the former USSR would have 284 million people, and remain number three. A union of three—Russia (149 million), Ukraine (52 million), and Belorussia (10 million)—would rank as the fourth largest; and Russia by itself, sixth largest.

consisted of essentially six countries since 1945 is a thing of the past. David Coleman, of Oxford University, noted that European immigration is not like that in the United States. European countries limit citizenship and are not always accepting of new permanent residents. With 10 million unemployed in Europe, why would countries open their doors?

In the discussion period on immigration, a Czech speaker identified the threat of a "brain drain" as his chief concern: the West might take only the best the East has to offer. Van de Kaa agreed that this was a concern.

And what of Europe's low birth rates? The mood was one of doubt that the future will bring any large increases. Charlotte Hohn of Germany noted that late childbearing is not prevalent in Germany, suggesting that we cannot

Continued on next page

European Demography
Continued from previous page

explain Europe's low fertility as a temporary phenomenon due to childbearing delays. Discussing Italy's head-turning low fertility (TFR = 1.3 average lifetime births per woman), Valerio Terra-Abrami, of Italy's National Statistics Institute, pointed out that birth cohorts of women in the North have remained below replacement since the 1920s.

The interest of the French government in the demographic issues discussed at the conference was demonstrated in the personal sponsorship of the conference proceedings by French President Mitterand and in a lavish reception held at the invitation of the mayor of Paris. A statement was read on the problems of European and world population growth.

Other conference snippets: U.S. demographer Paul Demeny remarked that socialism had propped up Eastern European fertility and that UN projections now show no difference in future birth rates between East and West...a commentator agreed, saying that Eastern Europe will return to a low fertility transition underway before World War II...an Algerian commentator said that his country had only a 3 percent rise in purchasing power in 20 years. As the educational level rises, more people will want to leave...echoing this statement, a speaker from Rabat, Morocco said that freedom of circulation should be allowed, particularly among relations in Morocco and Europe. A charter of rights of foreigners should be established. Interchange between Europe and North Africa should consist of more than just "oranges and sardines."

In sum, the conference dealt with themes that went to the heart of the European dilemma between the desire to maintain traditional cultures and the recognized moral obligation of rich countries to poor ones.

There was no escaping this overriding theme and the discussions were franker than is often the case at demographic meetings. The tug-of-war between the two sides of this issue is a difficult one, as the recent anti- and pro-foreigner demonstrations in Germany illustrate. Coming away from this conference, one thing was clear: these issues will not be solved easily or soon.

—Carl Haub

AIDS Strategy Announced at Conference

During the annual AIDS Prevention Conference in November, the World Health Organization (WHO) released its latest estimates of the number of HIV-infected adults: 5.9 million men and 4.8 million women worldwide are carrying the virus that causes AIDS. By the year 2000, these numbers have the potential to increase almost four times. Currently, southern and central Africa account for almost two-thirds of all HIV-infected adults (see Speaking Graphically, page 2); however, the rate of infection is increasing faster in Asia and Latin America.

The U.S. Agency for International Development (A.I.D.) announced its new AIDS prevention program. The program contains three primary strategies, two of which require behavioral changes: reduce the number of sexual partners and use condoms correctly and regularly. The third requires investments in health services to diagnose and treat sexually transmitted diseases (STDs). STDs facilitate the spread of AIDS because they amplify the risk of transmission, as Dr. Peter Piot of WHO pointed out.

A.I.D.'s three-part strategy will focus on 15 countries—eight of them already chosen: Malawi, Uganda, Zaire, Zambia, Thailand, Brazil, Haiti, and Jamaica. Unfortunately, the programs in both Haiti and Zaire have been postponed because of political unrest.

Progress made to date in countries such as Zaire has lost its momentum because of war and fosters the spread of AIDS, said Dr. Jeffrey Harris, coordinator of A.I.D.'s AIDS programs. War creates a movement of normally sedentary populations, which carries the disease to other areas. Spouses are separated for extended periods and are thus more likely to seek extra-marital relationships; and values such as marital fidelity may be undermined through the stress of war and displacement.

Not only is AIDS one of the leading causes of adult deaths in many developing countries, said Harris, but it also takes its toll on already overburdened

health care systems and on economic development. Recent efforts to slow the spread of HIV have been "too little, too late, and too diffused," commented Dr. Peter Lamprey, director of Family Health International's AIDSTECH.

A.I.D., already the largest funder of AIDS programs in the developing world, expects to spend another \$385 million during the next five years to create and implement AIDS policies and programs.

—Sasha Loffredo

Announcing: **Baby Boom— Entering Midlife**

This new PRB study "takes a fresh look at the baby-boom generation—why we accord it special attention... and how it will reshape U.S. society."

By sheer size alone, the baby boom—more than 80 million Americans in 1990—is America's largest generation ever. It forced adjustments in schools, government programs, and markets for labor, housing, and consumer goods.

The study examines the baby-boom generation today in terms of its economic status, household formation, marital status, family size, political participation, and education. Leading-edge boomers, born 1946-1954, and trailing-edge boomers, born 1955-1964, often led quite different lives.

The report was written by Leon Bouvier, an adjunct professor at Tulane University and Carol J. De Vita, PRB's director of publications.

Baby Boom—Entering Midlife, by Leon Bouvier and Carol J. De Vita, *Population Bulletin* Vol. 46, No. 3. Available from the Population Reference Bureau, 1875 Connecticut Avenue, N.W., Suite 520, Washington, DC 20009-5728 (1-800-877-9881). Price: \$8 per single copy, discounts for multiple orders.

Annual Dinner Honors Beale, McClure



McClure: accurate data, by itself, cannot dispel social myths.

The staff of the Population Reference Bureau strolled across T Street to the Washington Hilton Hotel the even-

ing of October 31, to meet with trustees and friends at PRB's Annual Dinner. The occasion marked the 62nd year of PRB's founding.

PRB Board Chair, the Honorable Joseph L. Fisher announced the election of Frances Garcia, Lenneal Henderson, and Anne Firth Murray as honorary fellows, in recognition of their long service on the Board of Directors.

Calvin L. Beale, senior demographer at the Economic Research Service of the U.S. Department of Agriculture, received PRB's annual award "for outstanding contributions to increased understanding and awareness of population issues."

Peter Morrison, director of the Population Research Center of the RAND Corporation, made the award, calling Beale's work "scholarship of the highest order while presenting fresh ideas" and Beale himself a "demographer hu-

manist." Morrison edited Beale's 1990 book, *A Taste of the Country*.

Beale has visited about half of the approximately 2,400 nonmetropolitan counties in the United States and reputedly can tell you where to get a decent cup of coffee in each.

"I always wanted to be a demographer," Beale remarked. Born and raised a city boy (in Washington, D.C.), he became a leading expert in the demography of rural areas. He worked at the Census Bureau from 1945 to 1953 and, since then, at the U.S. Department of Agriculture. He made outstanding contributions to our understanding of rural-urban migration, commuting patterns, and the so-called "edge cities" (on the fringes of old central cities).

Wesley C. McClure, PRB board member and president of Virginia State University, delivered an eloquent and challenging address. Numbers are not "mere empirically neutral artifacts," he stated, but can be used to shore up negative myths about minorities, women, the elderly, or other groups—myths that carry a powerful political impact. He asked demographers to be both sensitive and vigilant in "what images we invent, dispel, or recreate."

There is a "long history of demography in the service of distortion" which has led to unfortunate public policies, McClure pointed out. Yet, presenting more accurate data in itself may not be sufficient to "defeat myths." For example, if demographers fail to draw the link between high unemployment and the "clear significance of [economic] structural factors on the life choices of African American males," the public may interpret the data through long-held myths about character faults of black men and flaws in the black culture.

McClure pointed to a disturbing possibility: that hard times and social disorganization could rekindle the Calvinist belief in the "essential viciousness of all people." Such an attitude, he argued, bolsters public policies that give up on the very possibility of reform.

—Susan Kalish

McClure on Demography

"[P]ersons responsible for compiling and studying human populations must receive the caution of W.E.B. DuBois: to 'read with patience' the meanings implied by the numbers we use to describe communities.

"This caution is particularly true when we are gathering data about race, gender, age, sexual preference, physical or mental challenges, and poverty. These are categories that conjure images and inflame political rhetoric. Those who graph the world must recognize that with the stroke of pens, the flow of computer printouts, demographers make social metaphors, and "tell stories" that will be used to make decisions about the local and world community. We can never lose sight of the danger and promise inherent in our efforts to paint accurate pictures of life in this century....

"There are those who would argue that the value of demographic science is that it holds out the promise (and in many ways has

lived up to it) of defeating myths in the mere activity of presenting more accurate data.

"Champions of demographic science can argue that, despite the methodological limitations (many of which can never be overcome and are simply problems inherent of the act of collecting data), transformations and improvements in the discipline are cause for optimism. It is, they would argue, those who misuse or misinterpret the data, who assign meaning where there is none, or who attach wrongful meanings, who undermine significant methodological advances.... I would argue that such optimism about the...techniques of the science are overstated and premature. While we must always be self-conscious in the design and use of our tools and methods, this alone cannot dispel [society's negative] images."

—Dr. Wesley C. McClure, from his talk, "An American Perspective: Thoughts on Race, Gender, and Politics."

DEMOGRAPHER'S PAGE

Estimating the Upper Limits to Human Longevity

by S. Jay Olshansky

What are the upper limits to human longevity? Why is it important to try to find out?

As individuals, we often consider how diet or exercise affects our health. Will these behaviors have a payoff in longer life? And, if they do extend life, what will be the quality of life when we get there?

Pushing Mortality Downward

Lifespan is the theoretical average upper limit to human life—assumed to be built into the biology of the species.¹ In contrast, *life expectancy* (or *period life expectancy*) is a summary measure that is calculated from age-specific death rates most often observed during a *single year*. The life expectancy at birth for babies born in the United States in 1990 was 75.4—72.0 for males and 78.8 for females. For those who reached the age of 65 in 1990, their expected remaining lifetime was 17.3 years. As period life expectancy increases, it converges with the average lifespan of the species.

Ordinary life expectancy estimates, however, are notorious for underestimating longevity since they rely on the assumption that all age-specific death rates that prevail today will be in force for everyone in the population for the remainder of their lives. When the health conditions of a population are improving as they are today, life expectancy will *underestimate* actual longevity.

Demographers have come up with several methods of estimating average lifespan, with mixed results.

One method constructs composite mortality profiles that contain the lowest age-, sex-, and cause-specific death rates observed in developed countries

during a single time period.² Using international mortality rates observed in 1980, the upper limits to life expectancy at birth were estimated to be 81 years for females and 75 years for males (see figure). This approach has two problems. First, if the same procedure were applied to data from 1990 instead of 1980, the 'upper limit' would increase—thus implying that the average lifespan for the species itself is increasing. This is not likely to be the case. Second, different countries sometimes use different methods of classifying underlying causes of death, leading to some highly improbable rates.

A second method partitions death rates into those attributable to exogenous causes (such as infectious and parasitic diseases, accidents, homicide), and endogenous causes (such as cardiovascular diseases and cancers).³ The exogenous causes are then hypothetically eliminated using standard life-table methods. The lower bounds of endogenous mortality are then derived from the most favorable set of age-sex-specific mortality rates observed for a given country during a given year. Using mortality rates observed in 1978, this method resulted in an estimated upper limit of 80.3 years for females and 73.8 years for males.

This cause-elimination method, however, results in a shifting upper limit if more recently observed death rates are used. In addition, the cause-elimination method relies on the assumption that diseases operate independently of each other, and that the elimination of one disease does not influence the risk of death from other diseases. We know this to be untrue.

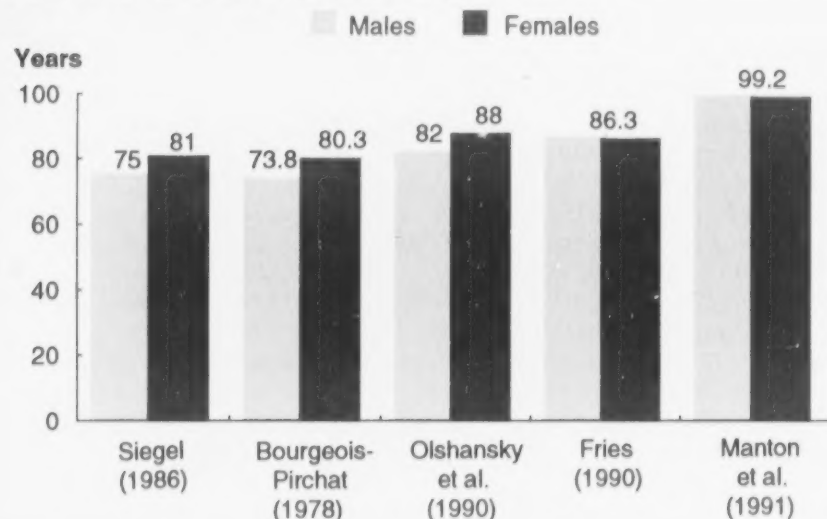
In a third approach, observed trends in life expectancy at birth and at age 65

are linearly extrapolated or extended to the point at which these trend lines appear to converge.⁴ Since these trend lines cannot logically cross, (because life expectancy at age 65 exceeds life expectancy at birth) the point of convergence is believed to represent an estimate of the average lifespan of the population. Using data from the United States and Japan, this method estimated the average lifespan for humans to be between the ages of 85.1 and 86.3. One difficulty, however, is that factors that have nothing to do with the average lifespan of the population—the time frame chosen as the basis for extrapolation and changes in infant and child death rates—can change the estimates. Additionally, as mortality at younger ages plateaus, life expectancy at birth will increase in parallel with life expectancy at age 65, instead of converging with it.

A fourth method focuses on risk factors. The risk-factor paradigm is central to medical research's treatment of disease and health-promotion and disease-prevention programs.⁵ For example, a sedentary lifestyle and certain dietary habits are considered to be risk factors for heart disease. The risk factor approach quantifies the *changes* in mortality rates and life expectancy that result from modifying population-level risk factors for major fatal diseases. The theoretical manipulation of population-level risk factors to optimum levels should therefore allow researchers to obtain estimates of the upper limits to human longevity (assuming, of course, that it is less than completely favorable risk factors that account for the disparity between observed life expectancy and average lifespan). Depending on definitions, this method has resulted in an estimated average lifespan for the population that ranges between 85 and about 100 years.

The risk-factor model also has some limitations, however. First, studies have demonstrated that the adoption and maintenance of extraordinarily healthy, active lifestyles result in a life expectancy that is only 1-2 years higher than that of a comparable group of people who are sedentary their whole lives. Other studies sug-

Figure 1. Estimates of the Human Lifespan



gest that even if the entire population adopted healthy lifestyles, death rates would only fall far enough to place period life expectancy at birth at about 85 years. For life expectancy to rise as high as 100 would require the entire population to remain functional and exhibit 'optimal' risk factor behaviors their entire lives—a highly improbable scenario.

As an alternative to these more theoretical models, my associates and I at the University of Chicago and Argonne National Laboratory sought to define the mortality reductions that would be required to increase life expectancy from its present level to between 80 and 120 years.⁶ Then we examined such declines in light of the relative contributions of major fatal diseases to total mortality, and how much progress would have to be made in reducing death rates from each in order to achieve such an extreme longevity. We saw this as a way to distinguish between what is *theoretically* achievable and what is *practically* achievable with existing medical technology. The result? To increase U.S. life expectancy from its current 75.4 years to 85 years (82 for men and 88 for women) would require reductions in current death rates of 55 percent (60 percent at ages 50 and older). Given that mortality reductions of this magnitude would require the equivalent

of the complete elimination of heart disease and cancer, it is implausible that life expectancy at birth will exceed the age of 85 given present technology. Precautions on disease interdependence apply here as well.

Consequences of Living Longer

To extend the lifespan, it would be necessary to slow down aging itself. There is no definitive evidence at this time to indicate that the lifespan of humans can be modified by any means. However, on the horizon are drugs that may supplant the loss of functionality of genes that directly or indirectly regulate the aging rate. The mapping of the human genome may reveal aging-related genes. It may eventually become possible to manipulate the human genome to favor longevity. There is reason to be optimistic that methods of increasing the average lifespan of the human species may soon become available.

To gain some appreciation of the possible consequences of boosting the average lifespan upward, we simply have to look at current discussions about ongoing reductions in old-age mortality. The debate is framed around what is generally referred to as the

expansion versus the compression of morbidity hypotheses.

Those who follow the compression school of thought believe that improved lifestyles and advances in medical technology will postpone the onset of disease until older ages, thus compressing the period of disease and disability into a shorter time before death. The expansion of morbidity hypothesis, however, points out that factors that are known to reduce the risk of death from fatal diseases do not alter the age at onset or progression of the most debilitating diseases of old age (such as Alzheimer's disease, osteoporosis, osteoarthritis, and hearing and vision loss). Further reductions in old-age mortality from present levels would therefore allow much larger segments of the population to survive into the oldest-old ages (age 85+), where the risk of age-related disabling diseases is particularly high and currently immutable.

Some speak of this as trading off longer life for worsening health. The empirical evidence to date tends to favor the expansion of morbidity hypothesis, although additional data are required to fully test these hypotheses.

The prospect of continued reductions in old-age mortality has substantial policy implications. For example, recently completed population forecasts made by the Office of the Actuary indicate that the size of the U.S. population age 85 and older will increase from its current size of 3.5 million to about 15 million by the year 2050. This forecast is based on the middle-range assumption that period life expectancy at birth will increase to 79.8 years (from today's level of 75.4) by the middle of the next century. If life expectancy in the year 2050 is three years higher than the middle-range estimate, the size of the most frail segment of the population—the oldest old—would exceed 19.9 million.

Nursing home care currently costs over \$31 billion for just over 1.3 million nursing home residents age 65 and older in the United States. By the year 2050, the number of nursing home residents will increase to between 5 and 7 million per-

Continued on next page

sons, costing some \$100 to \$160 billion (in constant 1985 dollars).⁷ The range for these projections is based on high and medium-range forecasts of life expectancy for the U.S. population.

Life expectancy assumptions heavily influence estimates of total health-care expenditures, the number of people with disabling conditions such as osteoarthritis or Alzheimer's disease, and outlays for the Social Security system. If life expectancy at birth increased to 85 years by the middle of the next century, health-care costs associated with old age would skyrocket. Under the unlikely scenario that period life expectancy approached 100 years at any time in the next century, developed and developing countries would be faced with extreme financial hardship.

Currently, a lively debate is underway in the literature on the upper limits to human life. Advances in medical technology and the biology of aging are proceeding at a brisk pace, with major breakthroughs on the horizon. Yet, research is proceeding without a full discussion of the health and longevity consequences of success. We should define with greater precision the range and uncertainty associated with our short-term and long-term mortality forecasts, and choose with care the current and future direction of medical research and therapeutic interventions.

Note: This work was not funded through the Argonne National Laboratory.

1. Some researchers argue that there is no biological limit to life per se—only age-related physiological decrements for which intervention may eventually become possible.
2. Jacob S. Siegel and Cynthia M. Tauber, "Demographic Dimensions of an Aging Population," in *Our Aging Society* (New York: W. W. Norton & Co., 1986), pp. 79-110.
3. Jean Bourgeois-Pirchat, "Future Outlook for Mortality Decline in the World," *Population Bulletin of the United Nations* 11 (1978): 12.
4. James F. Fries, "The Compression of Morbidity: Near or Far?" *Milbank Quarterly* 67, no. 2 (1989): 208-231.
5. Kenneth G. Manton, Max A. Woodbury, and Eric Stallard, "Forecasts of the Theoretical Limits to Human Life Expectancy," (working paper, 1991).
6. S. Jay Olshansky, Bruce A. Carnes, and Christine Cassel, "In Search of Methuselah: Estimating the Upper Limits to Human Longevity," *Science* 250 (1990): 634-640.
7. Edward L. Schneider and Jack M. Guralnik, "The Aging of America: Impact on Health Care Costs," *Journal of the American Medical Association* 263, no. 17 (1990): 2335-2340.

Population Today/INTERCOM Enters 20th Year

"Notice something different on the masthead?" queried a box on page one of the August/September 1975 issue of *INTERCOM*, the international newsletter on population.

"That's right," it went on, "*INTERCOM* has become the official newsletter of the Population Reference Bureau, effective with this issue."

Inside, editor James D. Snyder explained that the New York-based Population Services International had launched *INTERCOM* three years before because "population/family planning professionals were in dire need of a timely, interesting, concisely edited newsletter to keep them in touch with what was happening around the world." He called its purchase by PRB "a marriage made in heaven."

Snyder stayed on as editor for a time. But with the April 1976 issue, PRB brought *INTERCOM* in-house. Phyllis Avedon became editor, serving for four years, with contributions from *Population Bulletin* editor Jean van der Tak, PRB's then-vice-president Leon Bouvier, and other staff. Art Haupt, who would serve as editor for a decade starting in January 1980, first appears on the masthead in June 1977 as assistant editor. The prolific Carl Haub is first cited as a demographic consultant in September 1979.

The name changed to *Population Today* in 1984. As the first issue under that name pointed out: "With the growing interest in population and 'demographics,' we felt it appropriate to have the title make the subject matter more apparent."

Lots to talk about. *Population Today's* predecessor was born as a newsletter of international population and family planning issues. But it soon took on a U.S. beat with a series of "bicentennial topics" such as "U.S. Women at Work," and "A Nation of Nations."

Over the years, the newsletter expanded its coverage as the content and controversies of population studies evolved. *Population Today* covered the dramatic shifts in U.S. policies toward international population assis-

tance, and developments concerning such controversies as abortion law in the United States. It followed the aging of the baby boom, changes in U.S. family structure, the appearances of new contraceptive technology, U.S. poverty, the condition of U.S. minorities, findings from the World Fertility and Demographic Health Surveys, and the mushrooming AIDS epidemic. It took part in the rekindled debate on the effects of population growth on development and the environment.

The first Demographer's Page was "On Population Growth," by Leon Bouvier. Since then, the space has been used to explore many intriguing topics such as: how many countries there are; declining population growth among the Hutterites (the high-fertility religious sect); how to teach demographers; Vietnam's first census; China's one-child policy; the 1984 Olympic games; immigration; and the future of the U.S. black population.

Format changes. Over the years, the look of the newsletter has changed. In January 1986 *Population Today* got its current distinctive look featuring clearer typography, stronger graphics, and a new bright Crayola-box color every month. The adoption of desktop publishing technology gave greater editorial control.

A light touch. Demography, someone once remarked, is a life-and-death matter. Yet, PRB's newsletter over the years often used humor to make a point. Its pages have featured articles under the *nom de plume* of Demos P. Graphique, the Sherlock Holmes-like master of "forensic demography" and reports from the mythical continent of Populandia (see page 10). The first Addenda was a snapshot of a sign at the town limits of a western Maryland hamlet: "Claggettsville, Population 28 or 29." Perhaps the strangest-ever Addenda was on contraceptive dog food.

Over its next 20 years, we hope *Population Today* will continue to cover the serious business of population issues but never lose its light touch.

—Susan Kalish

Upcoming Conferences

- **UN Conference on Environment and Development (UNCED)**, June 1-12, 1992 in Rio de Janeiro. The countdown has begun for this major, world-wide conference on sustainable development. Two "conventions" are up for ratification, one on climate change and the other on biodiversity. Efforts to get population-environment linkages on the agenda resulted in a compromise that population issues will be discussed within each relevant topic.

Contact: UNCED Sub-secretariat, Department of Public Information, Room S-1040, United Nations, New York, NY 10017. Phone: 212-963-4295; Fax: 212-963-4556.

- **Population Association of America's Annual Conference**, April 30-May 2, 1992 in Denver. All demographic specialties and the latest work on a wide range of population issues will be featured.

Contact: Jen Suter, executive administrator, PAA, 1722 N Street, N.W., Washington, DC 20036. Phone 202-429-0891; Fax: 202-785-0146.

- **Census Bureau's Annual Research Conference, ARC 1991**, March 22-25, 1992 at the Holiday Inn Crowne Plaza in Arlington, VA.

Contact: Maxine Anderson-Brown, Office of the Director, Bureau of the Census, Washington, DC 20233; Phone: 301-763-1150.

- **Eighth International Conference on AIDS/STD Third World Congress**, Sponsored by Harvard University and the Dutch Foundation/AIDS Conference 1992. Cosponsored by the World Health Organization and the International AIDS Society.

Contact: Harvard AIDS Institute, 8th International Conference on AIDS, 8 Story Street, Cambridge, MA 02138. Phone: 617-495-0478, Fax: 617-495-2863.

- **Creating the 21st Century: Institutions and Social Change**, August 14-16, 1992, Anaheim Hilton Hotel and Towers, Anaheim, CA. Futurists will examine the changing roles and responsibilities of social institutions.

Contact: Susan Echard, conference staff director, World Future Society, 4916 Saint Elmo Avenue, Bethesda, MD 20814. Phone: 301-656-8274; Fax: 301-951-0394.

- **American Academy of Natural Family Planning**, July 15-18, 1992 in Wichita, KS. Send abstracts for papers by April 17.

Contact: C. Dennis O'Hare, M.D., Chairman, Science and Research Committee, Twin Cities NFP Center, 2450 Riverside Avenue, Minneapolis, MN 55454.

POSITIONS/PROFESSIONALS

Rockefeller Foundation Re-Entry Support for African Scholars. This program is designed to assist in the professional re-establishment of talented African scholars who are returning from doctoral studies abroad and have interest in issues related to education revitalization and development in sub-Saharan Africa.

All proposals must include an explicit and substantial focus on female school participation as part of the set of educational issues to be examined. Award includes initial research support such as equipment, books, and supplies necessary to make use of techniques and knowledge acquired abroad. Proposals may be submitted prior to or within one year of returning to the scholar's Africa-based institution. Equipment purchased under this agreement becomes property of the institution.

Candidates must submit a project proposal that describes objectives, conceptual framework, the pertinent literature, research design and methodology, with time frame and detailed budget (not to exceed \$25,000). Other requirements: 1) a letter from an African institution stating that the scholar will be a full-time staff member, and endorsing the research proposal; 2) two other letters of recommendation from academic supervisors at the institution where the applicant carried out doctoral study; 3) postgraduate transcripts; and 4) a resume. There are no deadlines for applications.

Contact: Scholars on Education Re-Entry Program, The Rockefeller Foundation, 1133 Avenue of the Americas, New York, NY 10036 or P.O. Box 47543, Nairobi, Kenya.

POPULATION UPDATE

Estimated United States Population:

As of October 1, 1991	253,366,000
As of October 1, 1990	251,184,000

The above estimates, based on the 1990 Census, include armed forces overseas and are from U.S. Bureau of the Census *Current Population Reports*, P-25, no. 1080.

Estimated World Population:

As of January 1992	5,430,500,000
Annual growth	93,000,000

Extrapolated from the mid-1991 population on PRB's *1991 World Population Data Sheet*.

Latest Provisional Statistics for the U.S.: August 1991

		12 months ending with August				
		Number		Rate		
		1991	1990	1991	1990	1989 1988
Live births	4,108,000	4,132,000	16.3	16.5	16.1	15.9
Deaths	2,153,000	2,170,000	8.5	8.7	8.7	8.9
Natural increase	1,955,000	1,962,000	7.8	7.8	7.4	7.0
Marriages	2,407,000	2,447,000	9.5	9.8	9.7	9.7
Divorces	1,176,000	1,185,000	4.7	4.7	4.7	4.8
Infant deaths	37,200	38,500	9.0	9.3	9.8	10.0

Note: Rates are given per 1,000 population, except for infant deaths, which are given per 1,000 live births.

Source: *Monthly Vital Statistics Report* (vol. 40, no. 8) from the National Center for Health Statistics.

TAKE A NUMBER

Total Fertility Rate



Source: 1991 World Population Data Sheet, Population Reference Bureau

World Population Slide Show. A new set of 15 full-color slides of world maps showing population patterns is now available from PRB (black-and-white facsimile shown above). Slides illustrate rates of birth, death, natural increase, infant mortality, total fertility; life expectancy; population growth and "doubling time;" age structure; contraceptive use; government view of fertility level; GNP per capita; percent urban; and population density. Cost: \$50 per set; \$25 per set for members and educators.

ADDENDA

Populandia Patter

Where *did* the time go? Little Beverly Ming, the oldest citizen of Populandia, celebrated her 14th birthday on the first of this month.

Populandia is the mythical mini-continent that, starting January 1 of 1978, was declared by the World League of Countries (WLC) to be the repository of the world's natural increase (the excess of births over deaths). By one stroke this action concentrated population growth in one place, bringing the rest of the countries of the world to replacement level.

Populandia was first discovered in 1978 by the captain of the S.S. Interdependence as a huge volcanic eruption lifted it out of the Pacific Ocean. The continent's population grew to 73 million in its first year and now has 1,173,000,000 citizens—slightly larger than China today.

Populandia now contains 21 percent of the world's population and is adding 259,000 citizens per day.

In a televised birthday interview, an exuberant Miss Ming shared with the world her wish to be an architect when she grows up. This ambition can hardly come as a surprise. All her childhood Beverly has been surrounded by colossal construction programs to keep ahead of her country's rapidly growing population. The world's busiest airport was still under construction when the jumbo jets began to arrive with their first tiny passengers. The well-staffed nurseries and well-baby clinics were barely set up and in operation.

Since then, Beverly and her cohort of 73 million have been the first to use the new child-care centers, high-rise elementary schools, and playgrounds constructed for the use of Populandia's citizens. With 13

percent of its population now in junior high school, Populandia has built about 99,600 schools (at 1,500 students per school) and faces the prospect of building and staffing 51,700 more this year.

Today, as WLC administrators make their decisions about course offerings and the quality of secondary education, they are casting the die for the characteristics of Populandia's future work force—and thus the kind of economy the verdant country will be able to support in the 21st century.

—Susan Kalish



CURRENT READINGS

POPULATION CHANGE IN CANADA: The Challenges of Policy Adaptation, by Roderic Beaujot. Toronto, Ontario: McClelland & Stewart Inc. 1991. 379 pp. ISBN: 0-7710-1158-X.

This book is a synthesis of the work of the Canadian Review of Demography and Its Implications for Economic and Social Policy, a project of Health and Welfare Canada. The review commissioned a number of studies on Canada's demographic past, present, and future. The summary report, *Charting Canada's Future*, mostly given over to graphic presentation, came out in 1989. Now, Roderic Beaujot summarizes information contained in the 167 other commissioned studies of the project. In this work of policy analysis, Beaujot reviews historical data, defines the choices involved, and clarifies the social tradeoffs to be made.

One controversial issue, the role of immigration and its resulting multiculturalism, has been much discussed in the Canadian media. Beaujot puts this issue into demographic perspective.

"Lower fertility has brought us to what some have called a 'demographic turning point' involving lower population growth and significant population aging," he explains. At the same time, people are living longer, which creates a larger social price tag for health care and a relative shortage of workers. To offset the process of population aging by means of childbirth, Beaujot points out, Canadian women would have to average four or five children—an unlikely scenario. For policymakers to adopt immigration as a "solution" to lower births, however, will require "adaptation" to multiculturalism on the part of Canadian society. A similar situation is being played out in all countries of the developed world, and is well explained here for Canada.

—Susan Kalish

1990 Census of Population and Housing, Summary of Population and Housing Characteristics, 1990 CPH-1. U.S. Bureau of the Census. Washington, DC: GPO, 1991 (some reports available in 1992).

As of this writing, the PRB library has received most of the first printed volume from the 1990 census: separately bound reports for each state (minus the District of Columbia, Puerto Rico, and the Virgin Islands at this point). The reports contain summary data from the 100-percent sample (questions asked of every household) on population counts, age, sex, race, Hispanic origin, housing counts, household relationship, units in structure, value and rent, number of rooms, tenure, and vacancy characteristics. Data are reported for the state, local government units, and American Indian and Alaska Native areas. The 1990 printed census volumes are organized somewhat differently than they were for 1980 (when the first volume [PC80-1-A] contained information only on numbers of inhabitants, population density, and historical data on state population).

—Susan Kalish

BOOKS RECEIVED

Global Climate Change and Life on Earth, Richard L. Wyman, ed. New York: Routledge, Chapman & Hall, 1991. \$24.95 paperback.

The Distribution of Welfare in Ghana, 1987-88, by Parl Glewee & Kwaku A. Twum-Baah. Washington, DC: World Bank, 1991. \$7.95.

Consequences of Rapid Population Growth in Developing Countries, United Nations. New York: Taylor & Francis, 1991. \$45.00.

World Tables 1991, World Bank. Baltimore: Johns Hopkins University Press, 1991. \$34.95 paperback.

Does Undernutrition Respond to Income and Prices? Dominance Tests for Indonesia, by Martin Ravallion. Washington, DC: World Bank, 1991. \$5.95.

The Real World: Understanding the Modern World Through the New Geography, Bruce Marshall, ed. Boston: Houghton Mifflin Co., 1991. \$35.00.

Research with Hispanic Populations, by Gerardo Marín and Barbara VanOss Marín. Newbury Park, CA: Sage Publications, Inc., 1991. \$13.95 paperback.

Maternal Nutrition and Pregnancy Outcomes, by Katherine Krasovec and Mary Ann Anderson, eds. Washington, DC: Pan American Health Organization. \$24.00.

Consumer Power: How Americans Spend Their Money, by Margaret Ambry. Ithaca, NY: New Strategist Publications, 1991. \$69.95.

Seasonality and Agriculture in the Developing World: A Problem of the Poor and Powerless, by Gerard J. Gill. New York: Cambridge University Press, 1991. \$85.00 hardback.

The Household Survey as a Tool for Policy Change: Lessons from the Jamaican Survey of Living Conditions, by Margaret E. Grosh. Washington, DC: The World Bank, 1991. \$5.95.

Disease and Mortality in Sub-Saharan Africa, by Richard G. Faechem and Dean T. Jamison, eds. New York: Oxford University Press for the World Bank, 1991. \$49.95.

SPOTLIGHT

YUGOSLAVIA

Population: 23.9 million
Total area: 98,760 sq. mi.
Population density: 242/sq. mi.
Births per 1,000 pop.: 14
Deaths per 1,000 pop.: 9
Rate of natural increase: 0.6 percent
Total fertility rate: 1.9
Infant mortality rate: 24.3 per
1,000 live births
Life expectancy: 71
Capital: Belgrade

by Alex de Sherbinin

In a world increasingly rocked by ethnic conflict, the Socialist Federal Republic of Yugoslavia is sometimes seen as a harbinger of a possible new world order in which the nation-states of old fissure into tiny fiefdoms. Despite European community efforts to mediate, Yugoslavia appears to be on a path toward disintegration. At this writing, Croatia is under virtual occupation by Serbian forces, Slovenia is establishing its sovereignty, and ethnic Albanians have voted to establish Kosovo as a sovereign republic in a Yugoslav federation.

With a population the size of California and a land area equivalent to Wyoming, Yugoslavia is a country divided by ethnicity, language, religion, and levels of socioeconomic development. Ethnically, the two largest groups are Serbs (36 percent) and Croats (20 percent), followed by Bosnian Muslims, Slovenes, Albanians, Macedonians, Montenegrins and others (see *PT* No-



ver 1991, p. 2, for geographic distribution). There are almost as many linguistic divisions, and though Serbs and Croats share the same language (Serbo-Croatian) they are separated by different alphabets (Cyrillic among Serbs, Roman among Croats). With regard to religion, the majority Serb population is largely Eastern Orthodox, while Croats and Slovenes are mostly Roman Catholics. Bosnian Muslims make up approximately 9 percent of the population.

Superimposed on this volatile cultural mix is a history of violent ethnic conflict. Fighting between Croats and Serbs during World War II claimed 1 million lives, twice as many as were attributable to the Nazi occupiers. Today, Serbs accuse Croats of plotting genocide against the 600,000 Serbs residing in Croatia.

Ethnic tensions are exacerbated by regional disparities in economic development and living standards. The north-

ern republics of Slovenia and Croatia have stronger, more industrialized economies. As with successionist regions in other countries, Slovenians and Croats feel that for too long they have buoyed the economies of their less industrious and resource-rich neighbors.

The differing levels of socioeconomic development are reflected in regional disparities in birth and infant mortality rates. The total fertility rate for Croatia is 1.14 average lifetime births per woman, compared to 4.12 in Kosovo in southern Serbia. In Kosovo, infant mortality is twice the national average and the population is growing at 2.3 percent per annum.

The family planning picture in Yugoslavia is mixed. The 1974 constitution states that "it is a human right to decide freely on childbirth." Yugoslavia has higher abortion rates than all of its East Bloc neighbors—approximately one abortion for every live birth. High abortion rates may be related to reliance on withdrawal as a birth-control method. Withdrawal accounts for over 60 percent of contraceptive use, followed by condoms (15 percent) and even lower levels for the pill and IUD.

Though Yugoslavia is splintering, so far there has not been the sort of large-scale refugee flow into neighboring countries which makes Western Europeans so apprehensive. Despite large scale internal dislocation, the Red Cross estimates that there are only 30,000 Croatian refugees in Hungary. Austria, on the other hand, has seen Yugoslav applications for political asylum quadruple to 50,000 in just five years.

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